

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2016
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00211298.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00209427 and IN00209668 completed on 9/10/16.</p> <p>Complaint IN00211298 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 21, 2016</p> <p>Facility number: 001140 Provider number: 001140 AIM Number: N/A</p> <p>Residential Census: 118</p> <p>Residential Sample: 3</p> <p>Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00211298.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE